Airway Bundle Checklist (FRONT and BACK)

Date: DatePlaceholder

Time: TimePlaceholder

**Front page completed**: **** On admission **** During rounds **** After Rounds **** Just prior to intubation **** After intubation **** Prior to Extubation

By: DocumenterPlaceholder

**□ Front page not completed - emergent intubation (within 1st hour of admission)**

**Assessment for ANTICIPATED Airway Management**

**Intubation Risk Assessment**

|  |  |  |
| --- | --- | --- |
| **Difficult Airway** | **History** of difficult airway? |  |
| **Physical**? (e.g. small mouth, small jaw, large tongue, or short neck) |  |
| **At Risk For:** | High risk for rapid **desaturation** during intubation |  |
| Increased ICP, pulmonary hypertension, need to avoid **hypercarbia** |  |
| **Unstable hemodynamics** (e.g. hypovolemia, potential need for fluid bolus, vasopressor, CPR) |  |
| Other risk factors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Planning (all risk noted above should be considered in plan)**

**Who** will intubate? (Specify primary provider who will perform **first** laryngoscopy):

□ Resident □ Fellow □ NP □ Attending □ Anesthesiologist □ ENT physician □ RT □Other - Specify below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who** will bag-mask?  Resident  Fellow  NP  Attending  RT  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How** will we intubate? **Method:** □ oral vs.**□** nasal **ETT Type:** **** Cuffed **** Uncuffed

**ETT Size:** **** 3.0 **** 3.5 **** 4.0 **** 4.5 **** 5.0 **** 5.5 **** 6.0 **** 6.5 **** 7.0 **** 7.5 ****8.0 ****Other: \_\_\_\_

**Device:** **** Laryngoscope LMA \_\_\_\_\_ **** Glidescope \_\_\_\_\_ ****Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Blade: ** Mac \_\_\_\_\_\_ **** Miller **\_\_\_\_\_\_ ** Wis-Hipple \_\_\_\_\_\_\_

**Meds:** **** Atropine \_\_\_\_mg **** Glycopyrrolate\_\_\_\_mcg

**** Fentanyl \_\_\_\_mcg **** Midazolam \_\_\_\_mg **** Ketamine \_\_\_\_mg **** Propofol \_\_\_\_\_mg

**** Rocuronium \_\_\_\_\_mg **** Vecuronium \_\_\_\_mg

**Apneic Oxygenation:** Yes No \_\_\_\_L/min (<1 y = 5L; 1-7y = 10 L; > 8 y = 15L)

**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When** will we intubate? (Describe the timing of airway management):

**** Prior to procedure at:\_\_\_\_\_\_\_ **** Mental Status Changes **** Hypoxemia refractory to CPAP: SpO2 < \_\_\_\_\_%

**** Ventilationfailure refractory to NIV **** Loss ofAirway Protection ****Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Backup**? Advanced Airway Provider: **** Attending **** Anesthesia  **** ENT  **** Fellow ****Other: \_\_\_\_\_\_\_\_\_\_\_\_

**** Difficult Airway Cart **** Difficult Airway Emergency Page **** Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Immediate Pre-Intubation Procedure TIME OUT**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**(Complete immediately before intubation)**

|  |
| --- |
| □ **Right Patient**: Confirm 2 identifiers and allergy status. |
| □ **Right Plan**: Review and revise the FRONT PAGE plan |
| □ **Right Prep**: Patient accessible and positioned correctly, bed cleared for intubation, working IV? |
| □ **Right Equipment**: SOAP (e.g Suction, Oxygen, Airway, Personnel), IV fluid bolus readily available? |
| □ **Right Monitoring**: BP cycling frequently, different extremity from pulse ox, pulse ox volume? |
| □ **Right Rescue plan**: Difficult Airway cart/kit and equipment available? Who can we call for assistance? |
| □ **Right Attitude**: State out loud:  **“IF anybody has a concern at any time during the procedure please SPEAK UP.”** |

**Has the patient had anything to eat or drink in the last 6 hours? YES / NO**

**Other PATIENT SPECIFIC preparation:**

**Post-Procedure TIME OUT**

**What did we do well? What can we improve upon?**

**□ No CQI Issues**

**Feedback:**

|  |  |
| --- | --- |
| 1. RT |  |
| 1. Nurse |  |
| 1. Resident |  |
| 1. NP/PA |  |
| 1. Fellow |  |
| 1. Attending |  |

**ETT Cuff adjusted to minimal leak: YES / NO Sedation Goal \_\_\_\_\_\_**

**Was the patient difficult to ventilate? YES/NO Was the Patient difficult to Intubate? YES/NO**

**Back page completed by (PRINT):**

**Intubated by:**

**□ NEAR4Kids data form completed after intubation?**